



Armed Forces College of Medicine

AFCM



The Hand

INTENDED LEARNING OBJECTIVES (ILO)



1. Define attachments, structures passing superficial and deep to flexor & extensor retinaculum
2. Identify fibrous flexor sheaths
3. List the attachments and function of palmar aponeurosis
4. Enumerate contents of facial compartments of palm
5. Enumerate boundaries, floor and contents of anatomical snuff box
6. Identify muscles of the hand & their nerve supply

THE HAND



**palm of
the
hand**

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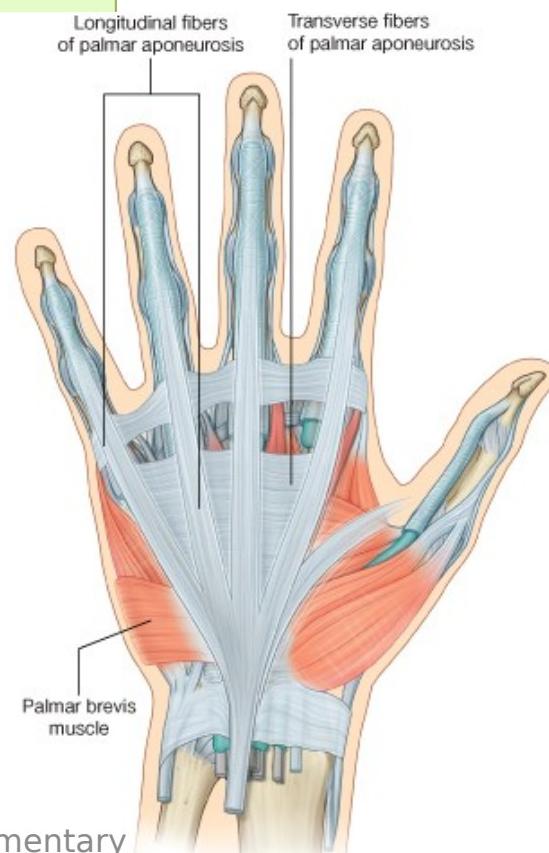
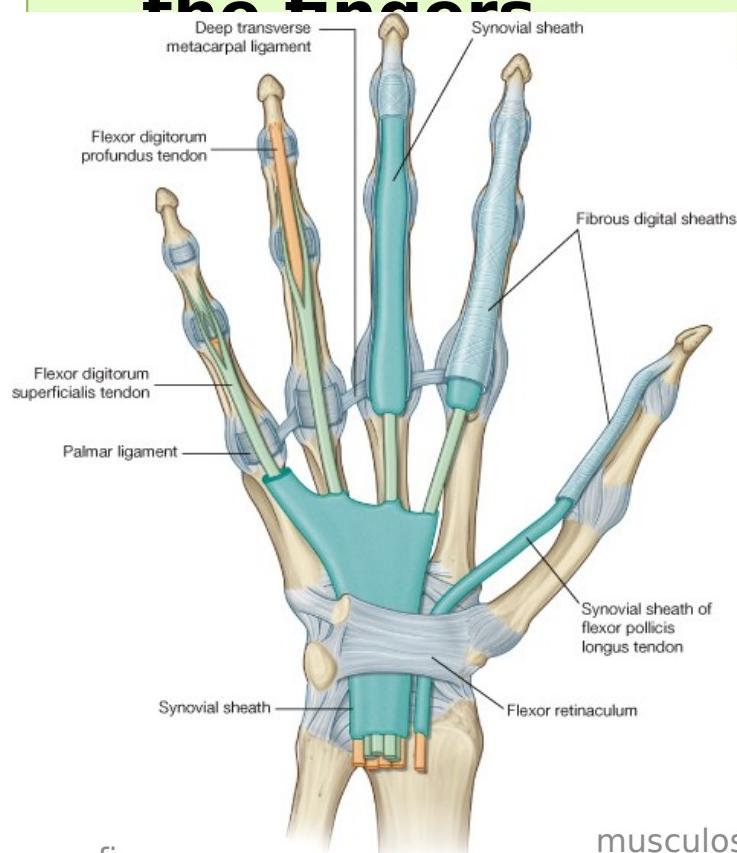
**dorsum
of the
hand**

<https://en.wikipedia.org/wiki/Hand>
musculoskeletal & integumentary
Module

Deep fascia of palm of the hand



1. Palmar aponeurosis
2. Flexor retinaculum
3. Fibrous flexor sheath of the fingers

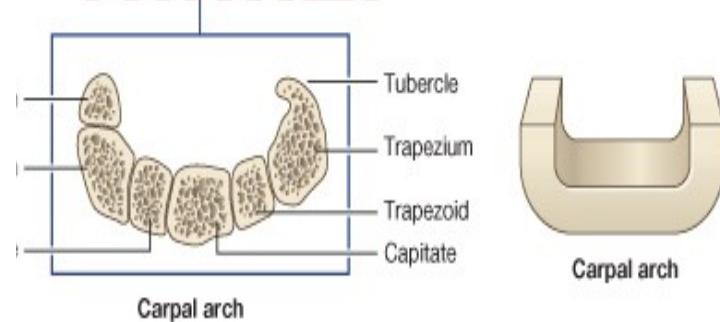




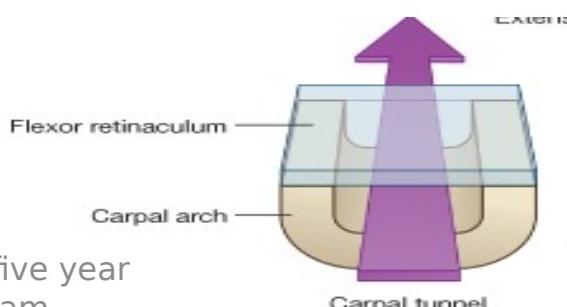
Flexor Retinaculum of Wrist

Definition:

It is a thickened strong fibrous band of deep fascia which crosses in front of the carpus and converts its anterior concavity into the **carpal tunnel**



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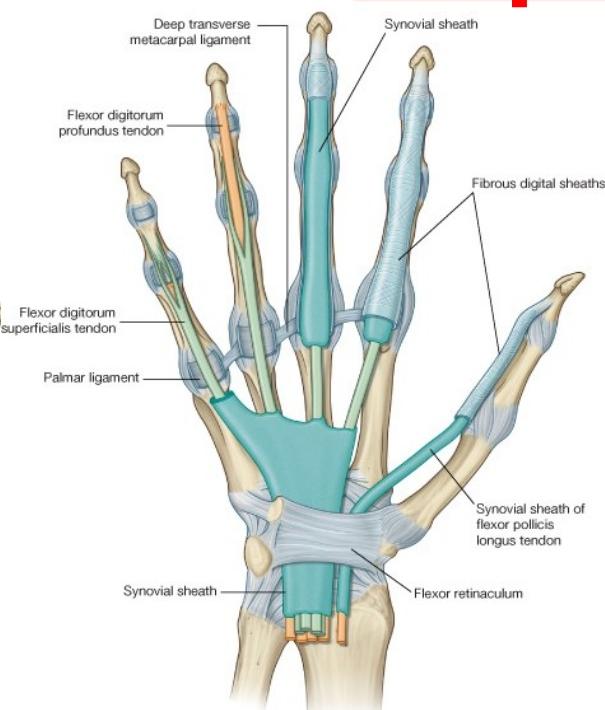
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6

6

6



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Flexor Retinaculum of Wrist



Function : prevents displacement of long flexor tendons during contraction

It is attached to the

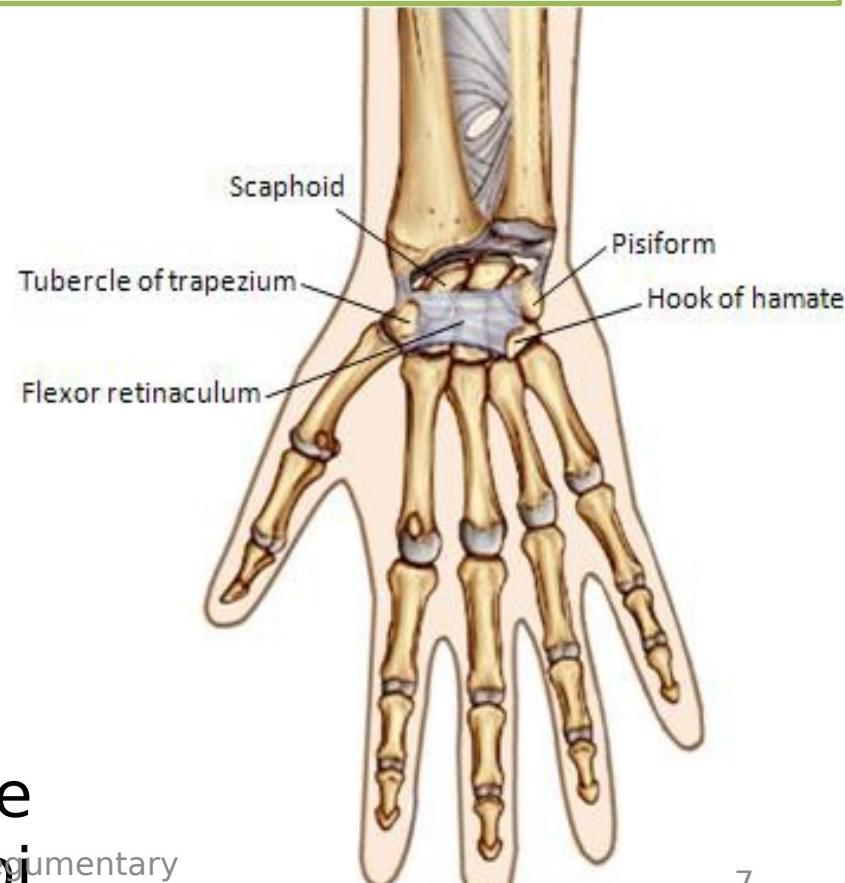
1. Medially:

- pisiform
- hook of hamate.

2. Laterally:

- scaphoid
- Trapezium

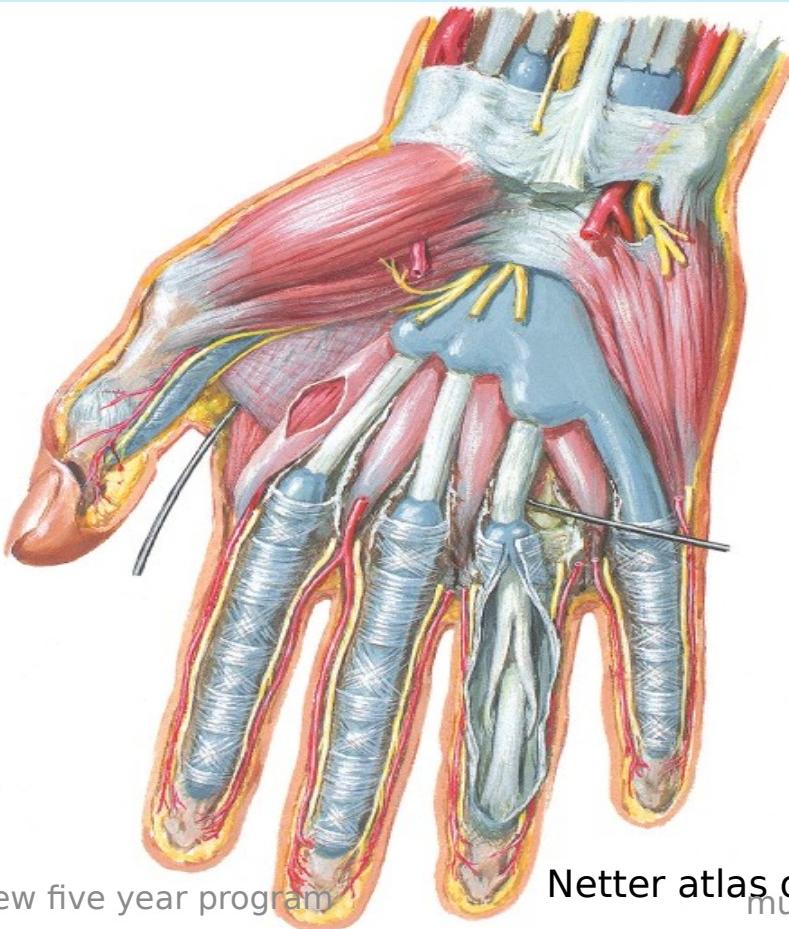
It splits into 2 laminae; a superficial one & a deep one for the tendon of flexor carpi radialis



Flexor Retinaculum of Wrist

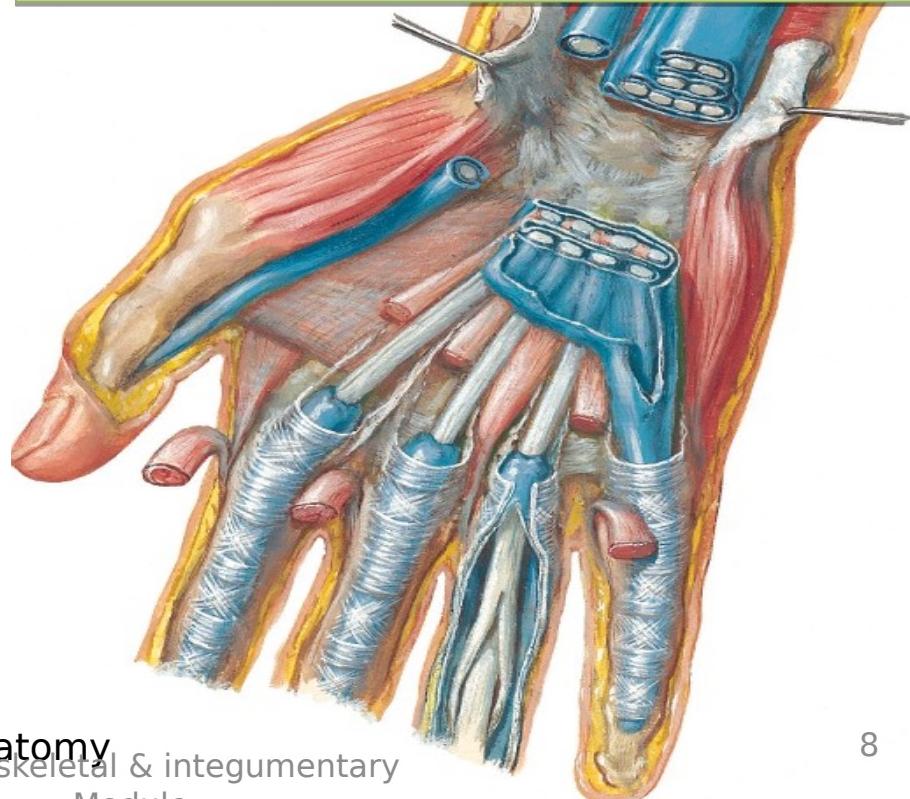


Structures passing DEEP



Structures passing SUPERFICIAL

(arranged from medial to lateral)





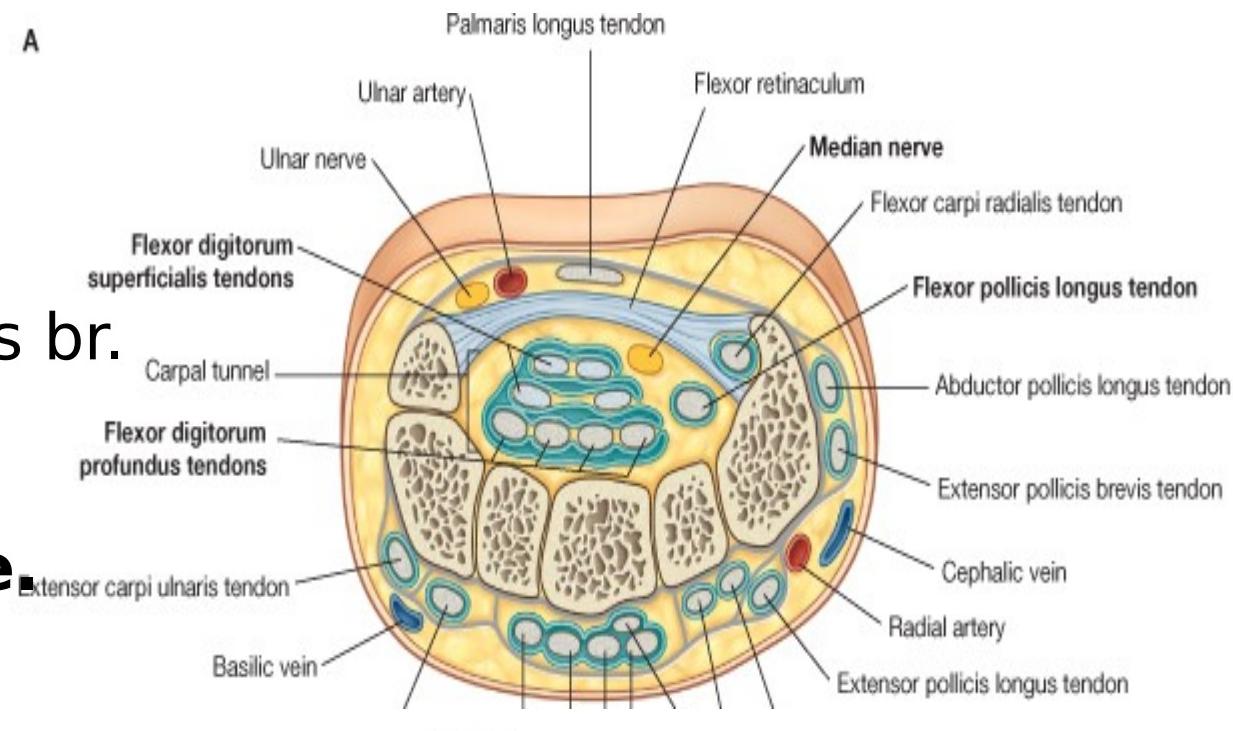
Flexor Retinaculum of Wrist

Structures passing **SUPERFICIAL** (arranged from medial to lateral)

- Tendon of Palmaris**

Longus

- Ulnar nerve.**
- Ulnar vessels.**
- Palmar cutaneous br.
of
 - ✓ **ulnar nerve.**
 - ✓ **median nerve.**



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Flexor Retinaculum of Wrist

Structures passing **DEEP** (*in the carpal tunnel*)

Median nerve

Tendons of

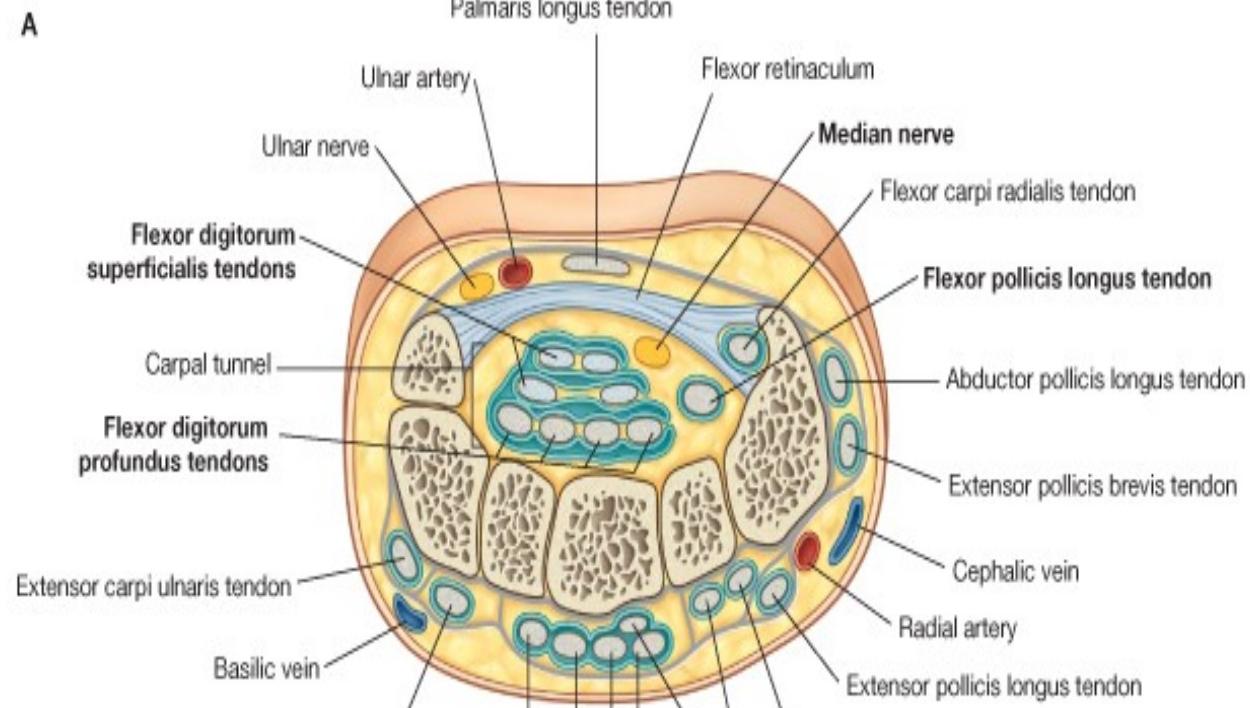
➤ **fl. digit. superficialis.**

➤ **fl. digit. profundus.**

➤ **flexor pollicis longus**

➤ **flexor carpi radialis**

Common
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Clinical Anatomy- What is carpal tunnel syndrome?

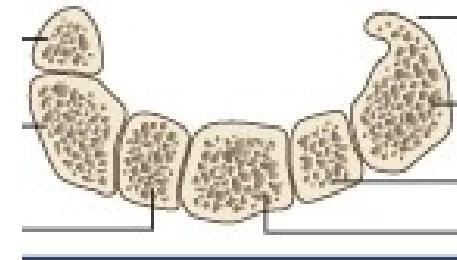


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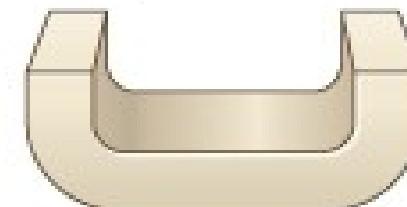
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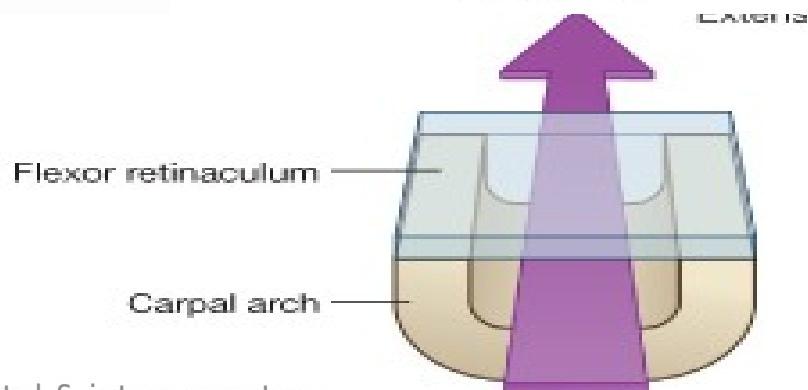
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Carpal arch



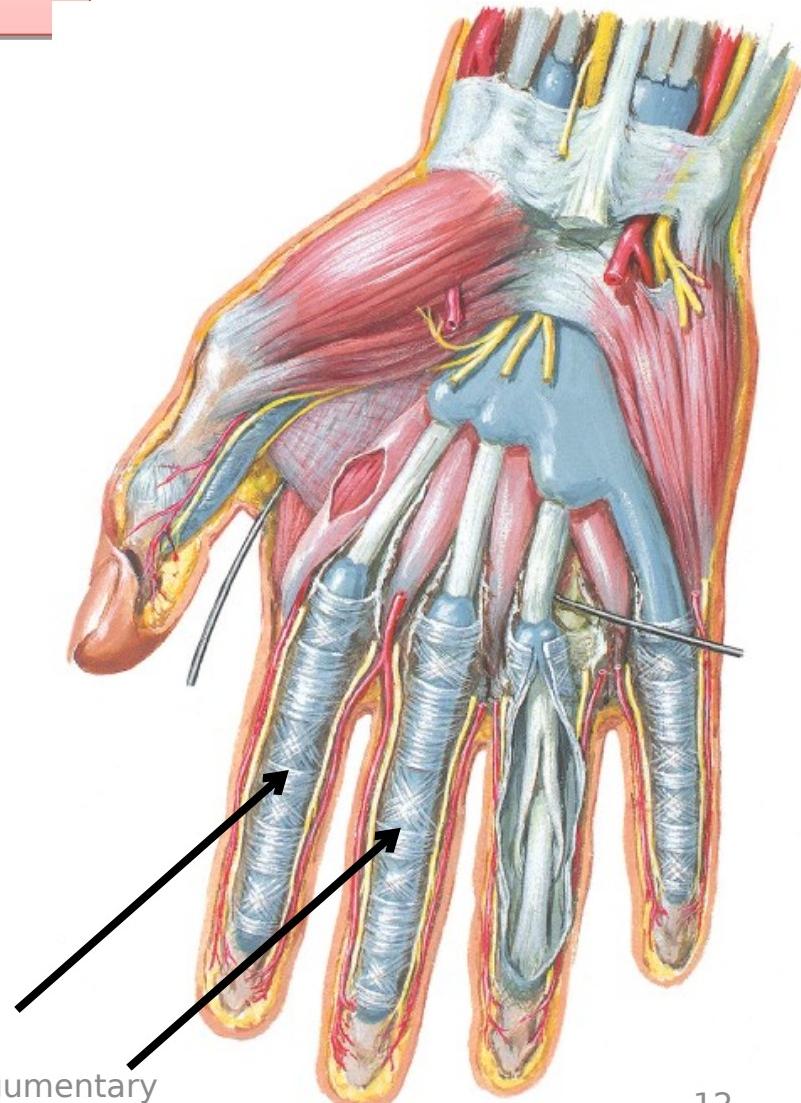
Carpal arch



Fibrous flexor sheaths

- These are dense plates of **fibrous tissue** which arch across the **flexor tendons** **in the fingers.**

- Function:**
 - Each forms with the phalanges **a tunnel** which is lined by a synovial sheath lubricating the movement of the tendon





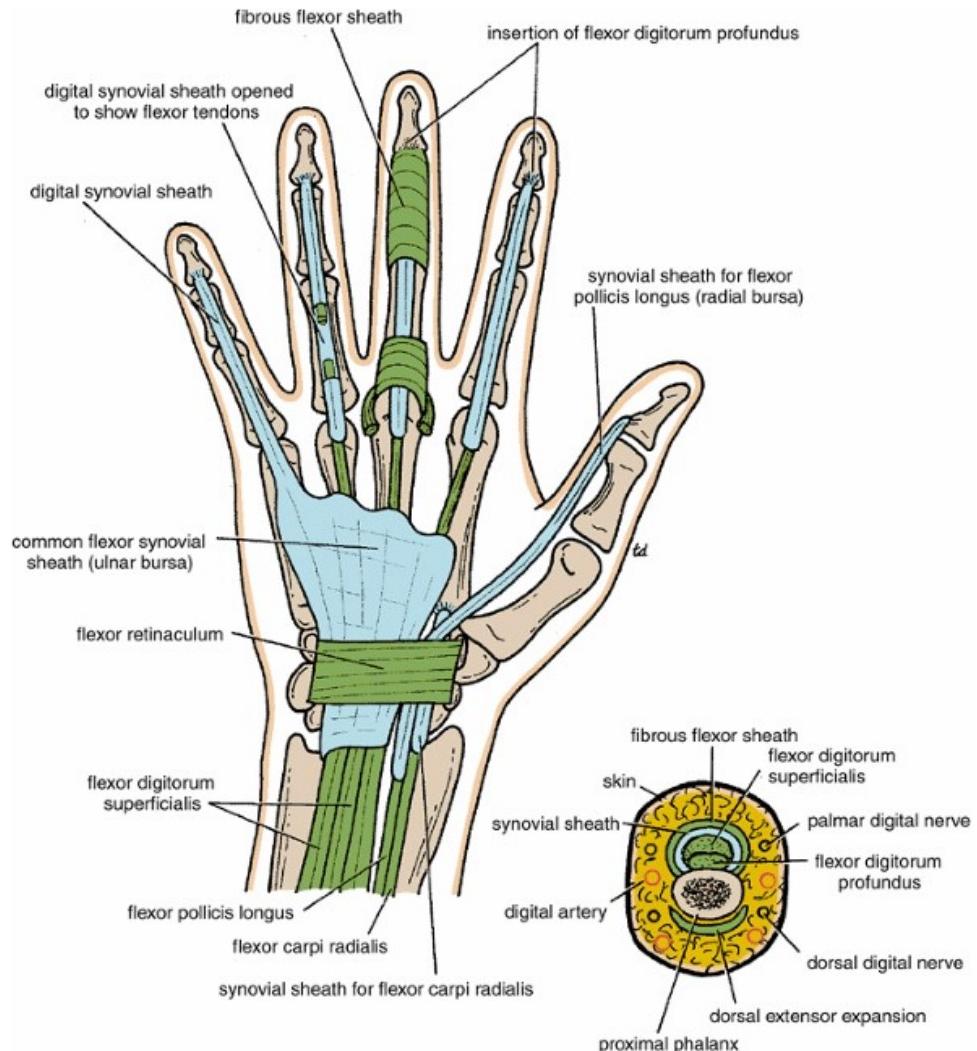
Synovial Sheaths of Flexor Tendons

□ Definition:

These are **tubular sacs** which surround the terminal parts **of the tendons** before its insertion

□ Function:

to provide a sort of **lubrication** for it.



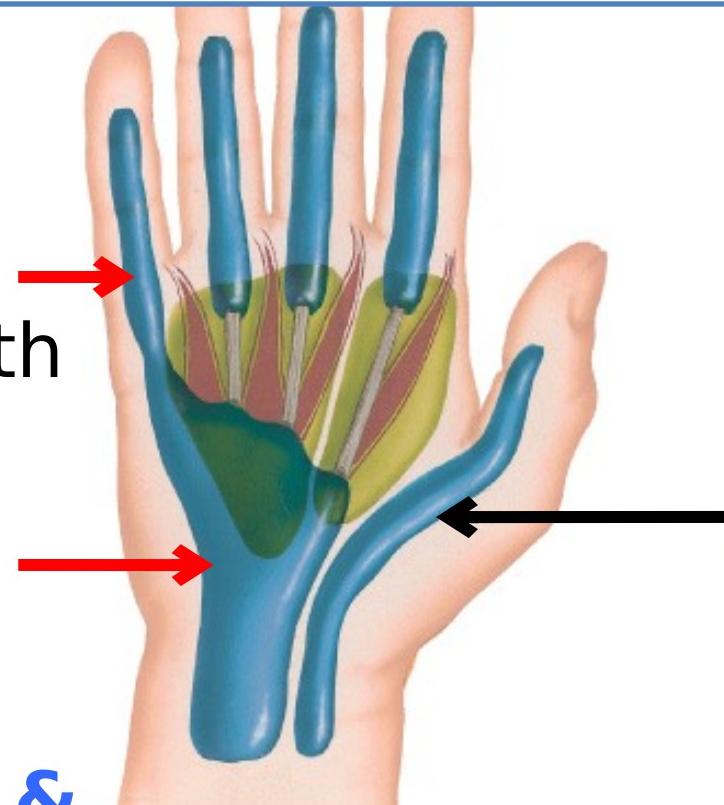


Synovial Sheaths of Flexor Tendons

There are 3 sheaths that surround the long flexors

1- Ulnar bursa:

This is a common synovial sheath for the 8 tendons of flexor digitorum superficialis & profundus. It extends



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2- Radial bursa:
it surrounds tendon of Flexor pollicis longus and continues around the tendon till its insertion.



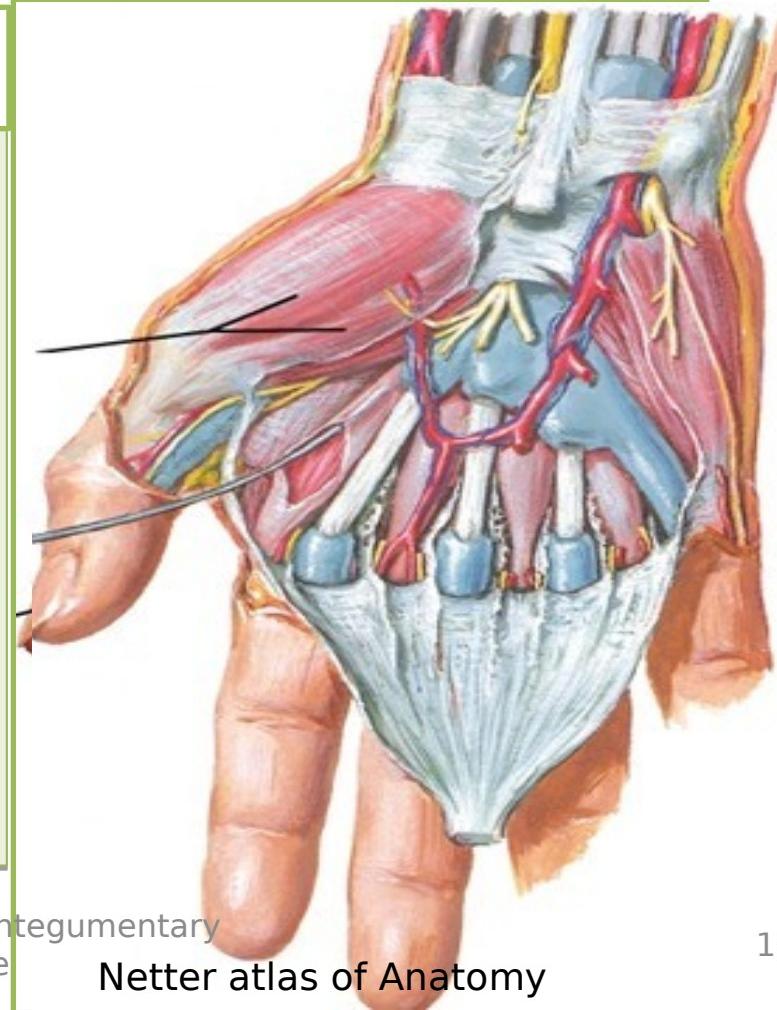
Palmar Aponeurosis

Definition: This is thick and strong fibrous sheet that covers the middle

**** Function:**

1- It is firmly attached to the overlying skin, so **it improves the gripping of the objects.**

2-Due to its toughness, it **protects the underlying structures**



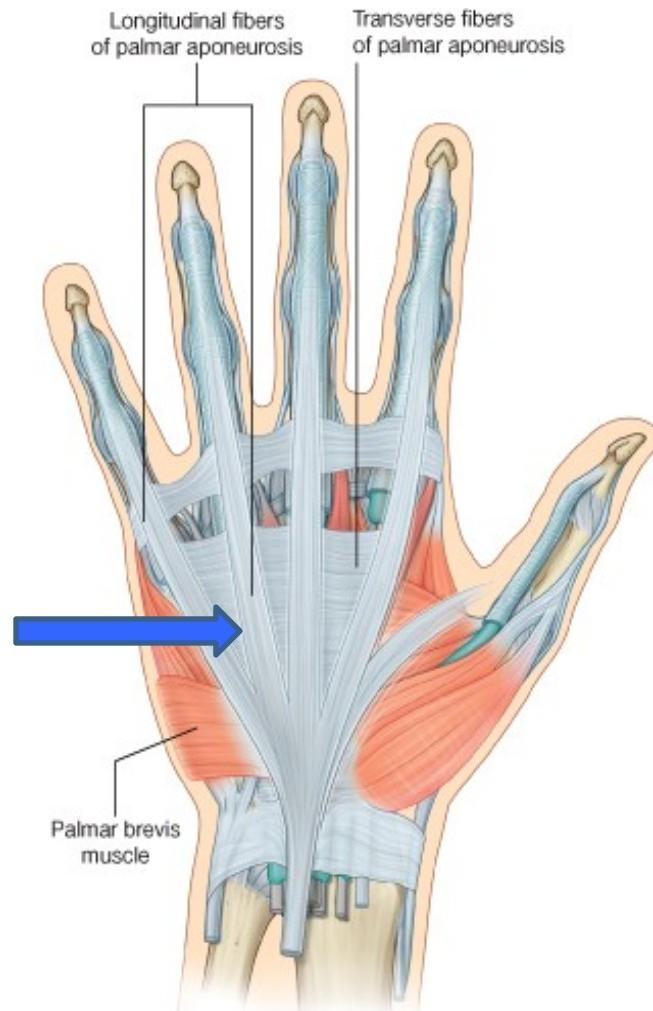
Palmar Aponeurosis

Shape and attachments:

It is **triangular in shape** with its apex directed proximally and its base directed distally.

1- The apex: receives the insertion of Palmaris longus tendon.

2-The base: is divided



Clinical Anatomy:

Dupuytren contracture of the hand

is a deformity in the hand in which the medial part of the palmar aponeurosis undergoes fibrosis producing progressive shortening and flexion of the



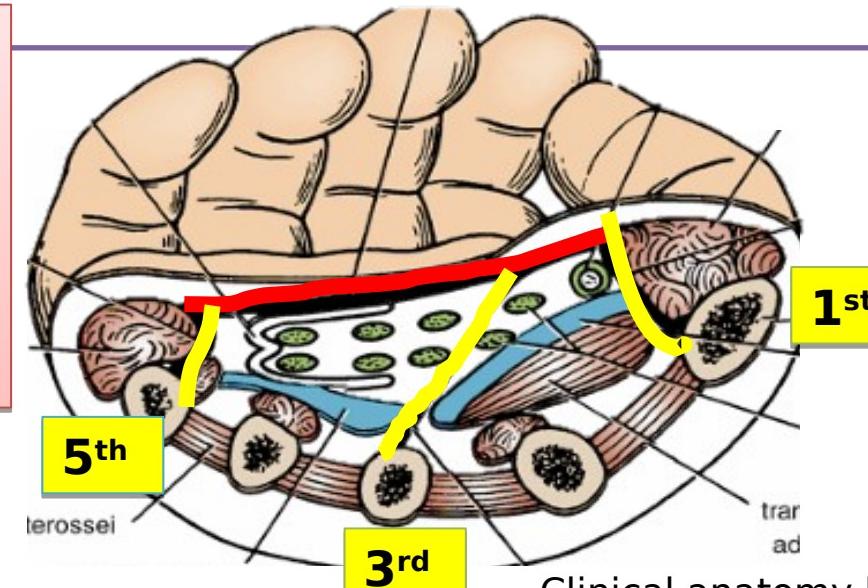


Fascial Compartments of Palm

Each

septum into the depth of the palm divided it into fascial compartments.

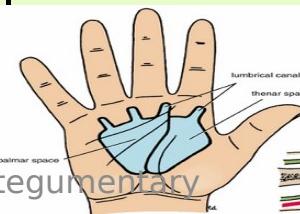
Medial compartment:
contains
hypotenar
muscles



Lateral compartment:
contains the
thenar
muscles

Clinical anatomy by region (Snell)

Intermediate compartment: deep to the palmar aponeurosis

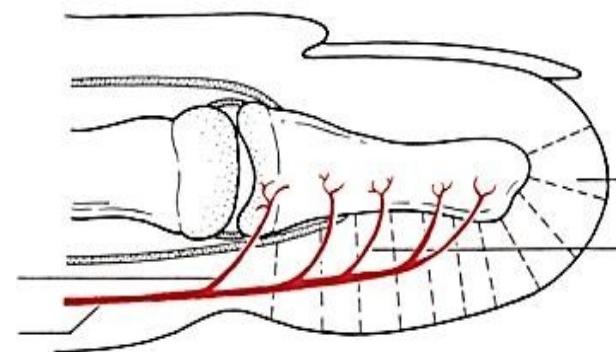
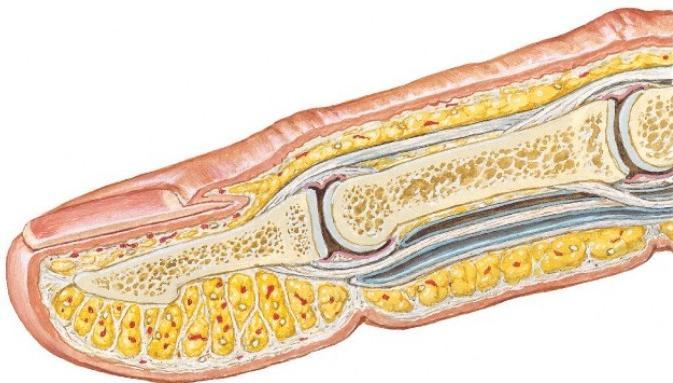


Mid-palmar compartment

thenar compartment

Pulp space:

* It is the space which lies over the palmar surface of the terminal (distal) phalanx, **It is** divided into separate loculi that contain subcutaneous fat. Its infection is very painful due to accumulation of pus in narrow spaces under tension





Muscles of the hand

■ Intrinsic muscles of the hand are **20** small muscles arranged in **3** groups:

I. Lateral group short muscles of thumb

4

- 3 Thenar muscles
- Adductor pollicis deep to

III. Central palm muscles [small muscles of fingers] 12

- 4 Lumbricals
- 4 Palmar interossei
- 4 Dorsal interossei

II. Medial group short muscles of little finger

4

- 3 Hypothenar muscles
- Palmaris brevis

lateral group [short muscles of thumb]

3 Thenar muscles

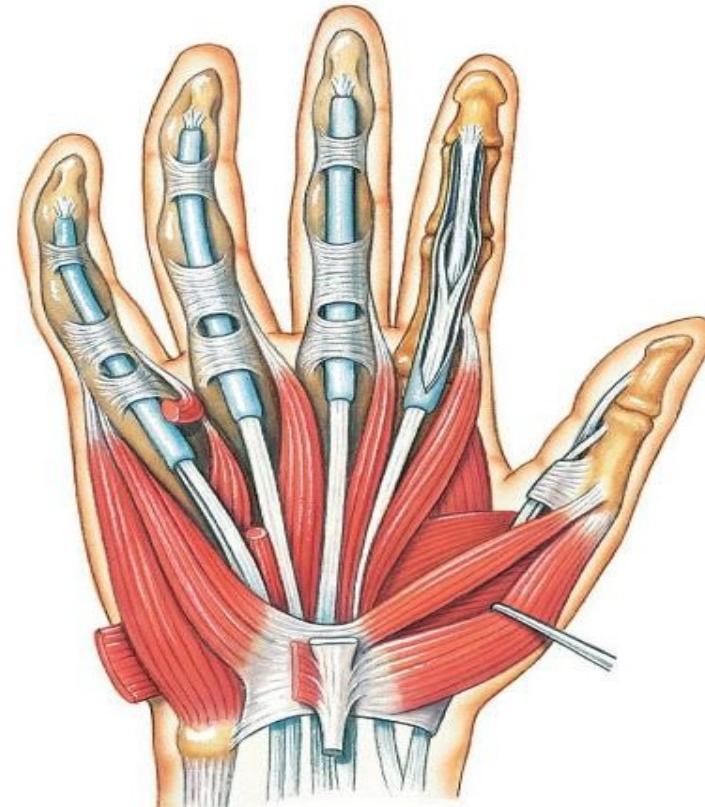
(form the **thenar eminence)**

1. Abductor pollicis brevis.

2. Flexor pollicis brevis.

3. Opponens pollicis.

1 Adductor pollicis
deep to them.



Lateral group [short muscles of thumb]

□ Nerve supply:

3 thenar Muscles □ lateral terminal branch of **Median Nerve.**

Adductor pollicis □ deep terminal branch of **Ulnar Nerve.**

□ Action:

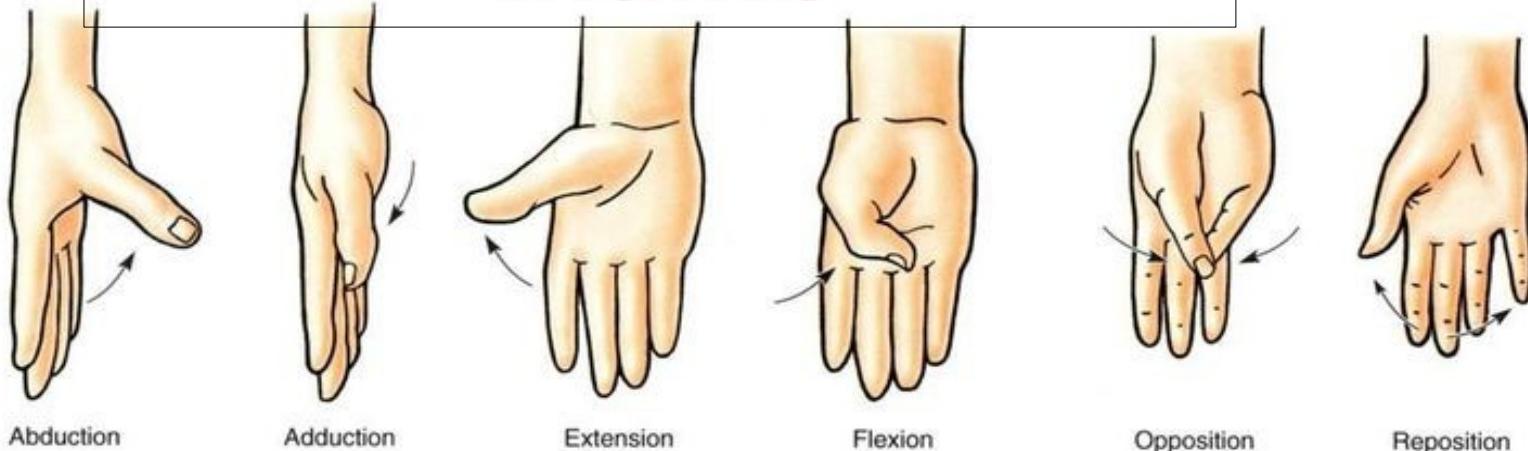
.**Abductor pollicis brevis** ⇒ **Abducts the thumb.**

.**Flexor pollicis brevis** ⇒ **Flexes the thumb.**

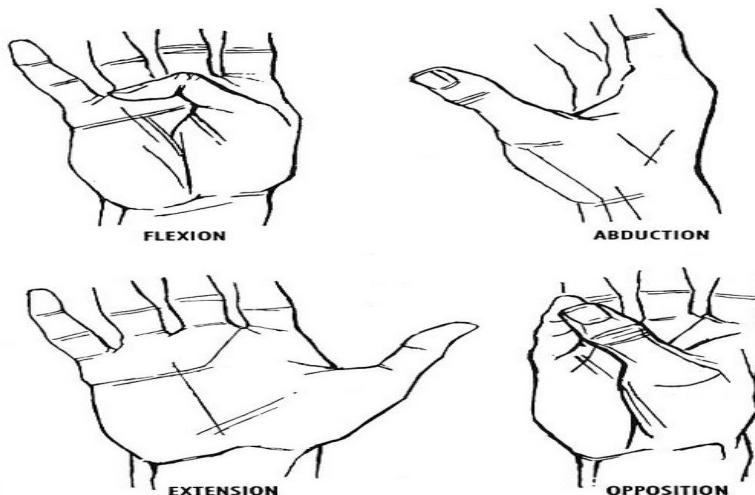
.**Opponens pollicis** ⇒ **Opposition of thumb (i.e. pulls the thumb medially & forward across the palm so the palmar surface of the tip of thumb comes in contact with the tips of other fingers)**



Movements of the thumb



Clinical anatomy by region (Snell)





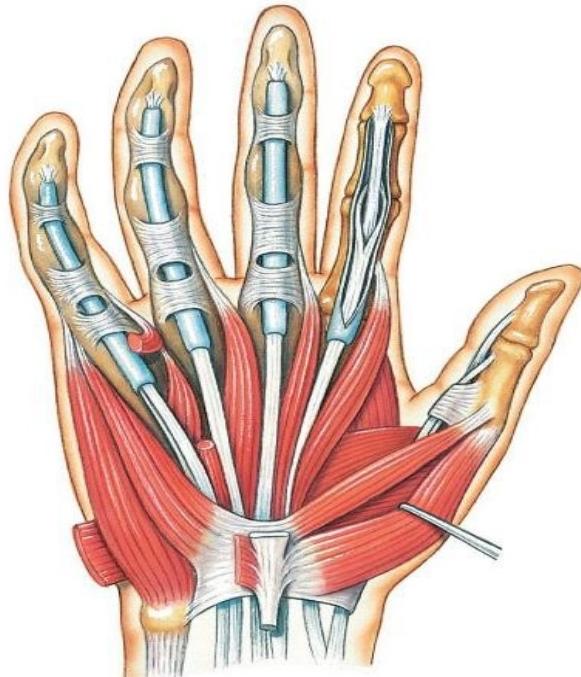
II. Medial group [short muscles of little finger]

hypotenar

muscles :

1. Abductor digiti minimi.
2. Flexor digiti minimi.

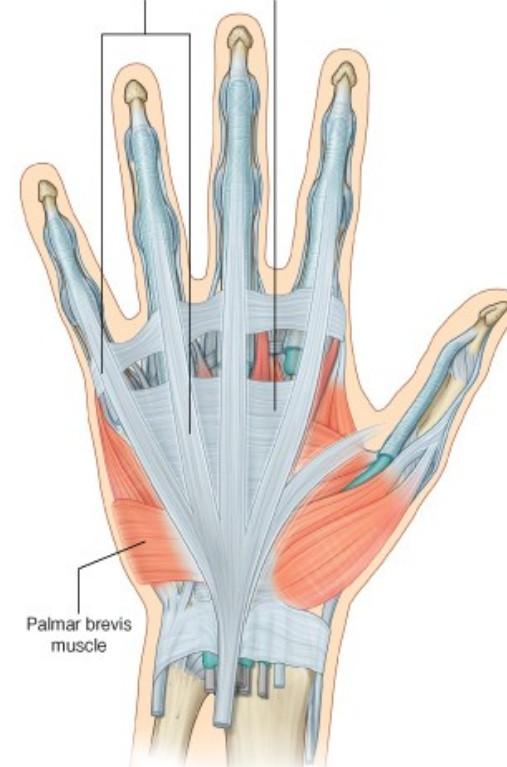
3. Oppo
minimi



+ ramus

brevis
superficial to

Longitudinal fibers
of palmar aponeurosis Transverse fibers
of palmar aponeurosis



Palmaris brevis

**lies in superficial fascia,
superficial to hypotenar Ms.**

**■It is thin sheet of
subcutaneous muscle that
covers the proximal part of
hypotenar muscles.**

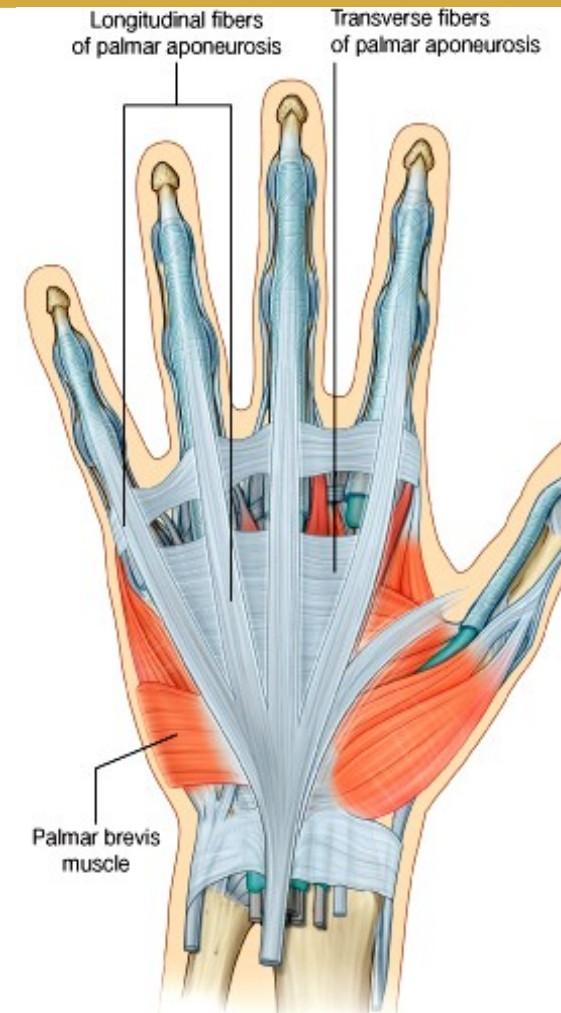
.Origin:

**Medial margin of the palmar
aponeurosis & flexor
retinaculum.**

.Insertion:

**Skin of the medial (ulnar)
border of the hand.**

**.Action: Deepen the hollow of
the palm to improve grip of**



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II. Medial group [short muscles of little finger]

■ Nerve supply:

3 hypotenar muscles ☐ deep terminal branch of ulnar nerve.

Palmaris brevis ☐ superficial terminal branch of ulnar nerve.

■ **Action:**

.Abductor digiti minimi ⇒ Abducts the little finger.

.Flexor digiti minimi ⇒ Flexes the little finger.

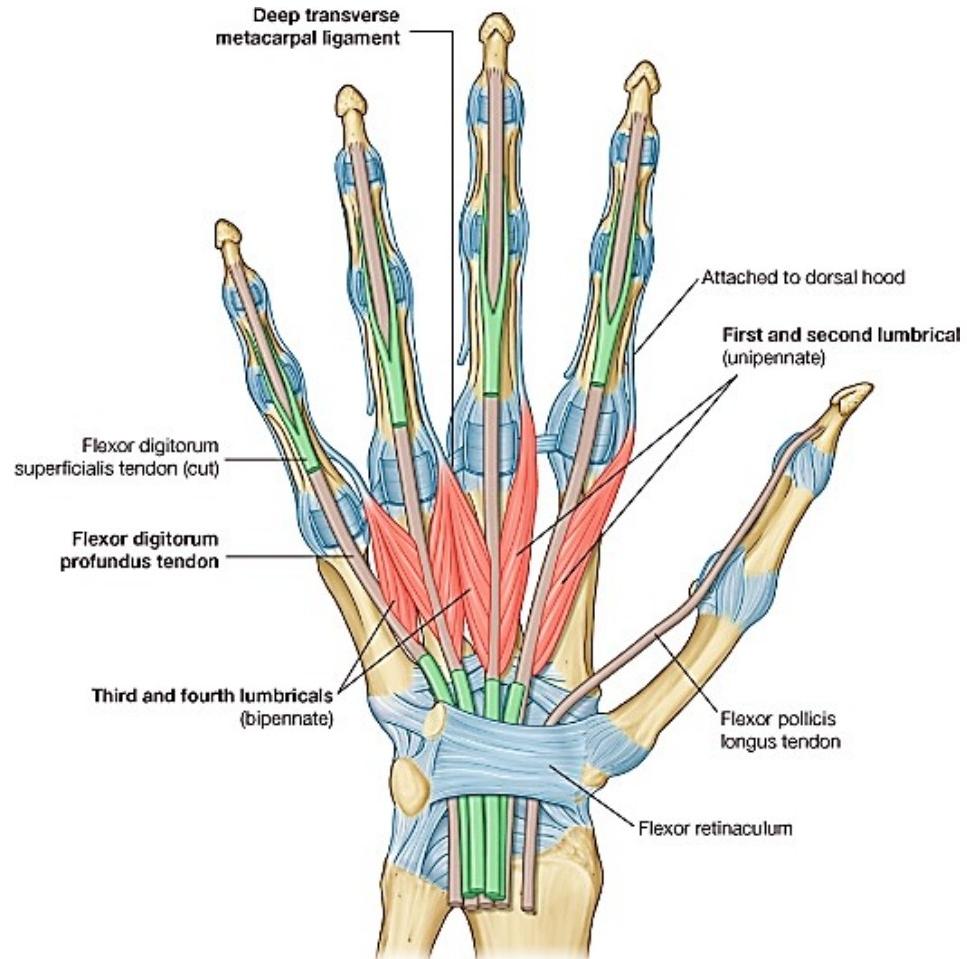
.Opponens digiti minimi : metacarpal bone forwards & to deepen the hollow of gripping.





III. Central palm muscles [small muscles of fingers] 12

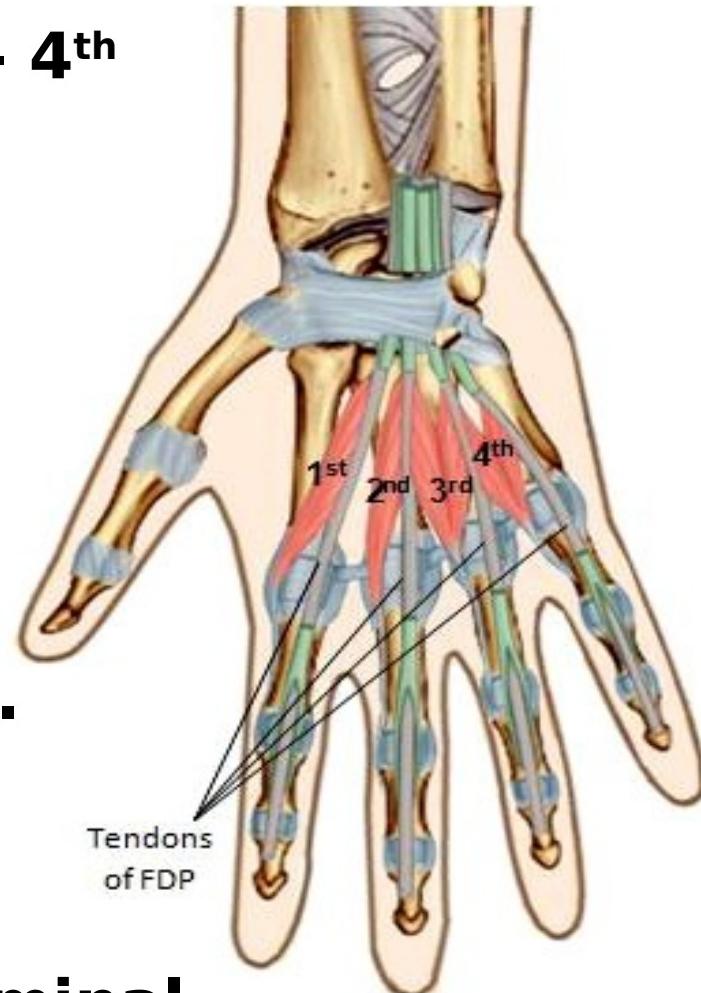
- 4 Lumbricals
- 4 Palmar interossei
- 4 Dorsal interossei.



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Lumbrical muscles

- ✓ 4 small muscles arranged 1st - 4th from lateral to medial
- ✓ have **No** bony attachments.
- ✓ **Origin: Tendons of Flexor Digitorum Profundus**
- **1st & 2nd lumbricals**
 - Are unipennate.
 - are supplied by median nerve.
- **3rd & 4th lumbricals**
 - are bipennate.
 - are supplied by the deep terminal branch of ulnar nerve.



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Umbrial muscles

Insertion:

the lateral side of the extensor expansion of the corresponding finger

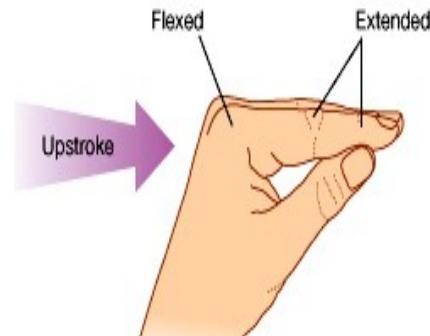
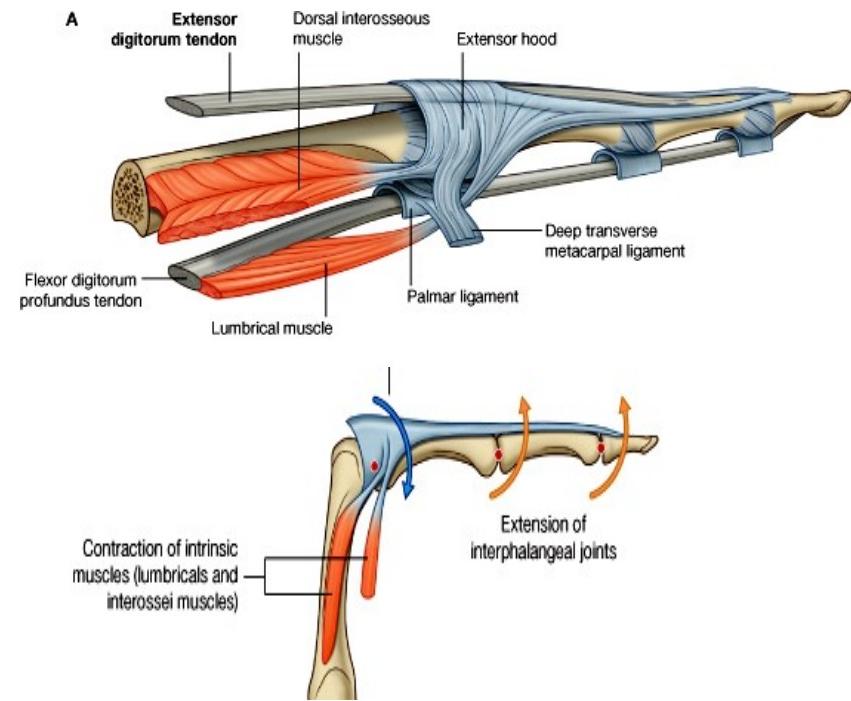
[Medial 4 fingers].

Action:

Together with interossei →

Put the fingers in writing position

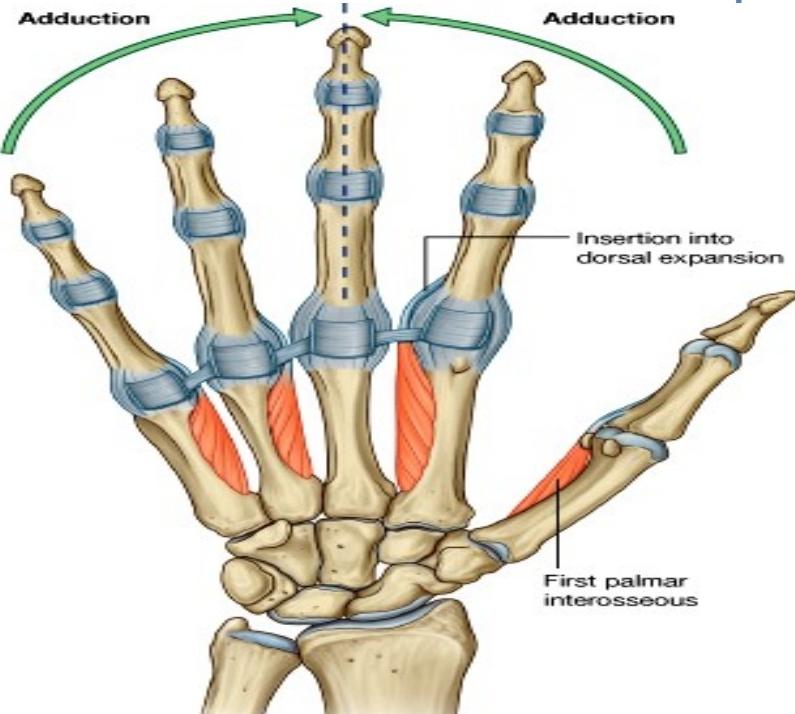
- Flex M-P joints
- extend I-P joints through the extensor



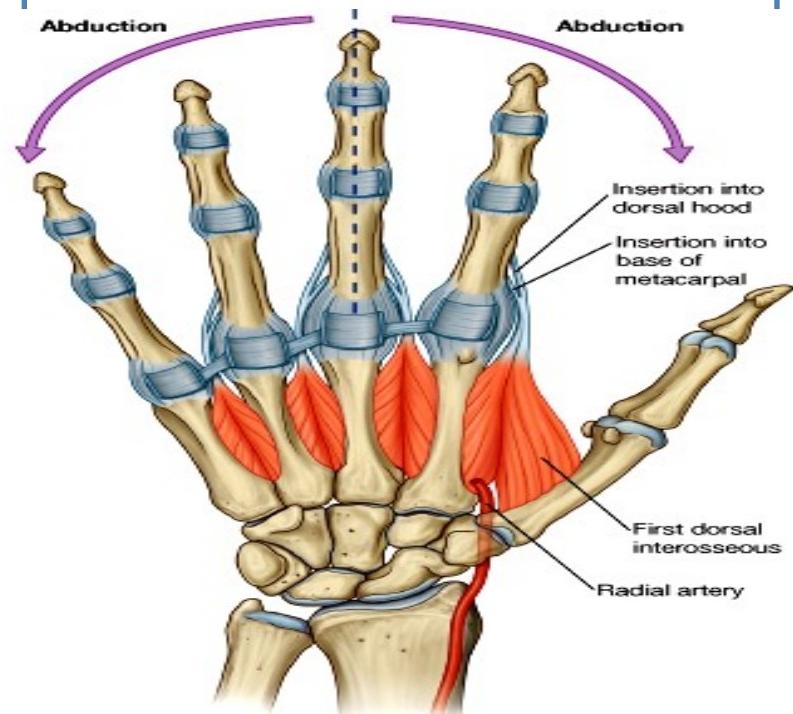


III. Central palm muscles [small muscles of fingers] 12

➤ 4 Palmar interossei



➤ 4 Dorsal interossei.



NERVE SUPPLY :

All the interossei **Ulnar Nerve** (deep terminal branch).

ACTION:

1. Palmar interossei **ADDUCT** the fingers towards the axis of the **middle finger** (**Pad**).

2. Dorsal interossei **ABDUCT** the fingers from the axis of the **middle finger** (**Dab**).

3. Lumbricals & all interossei flex M-P joints & extend I-P joints ⇒ **Put the fingers in the**

● Notice that abduction & adduction of fingers are towards the **line of middle finger**.



EXTENSOR

RETINACULUM

- Definition → it is fibrous band
- Site → extend obliquely across the back of wrist.

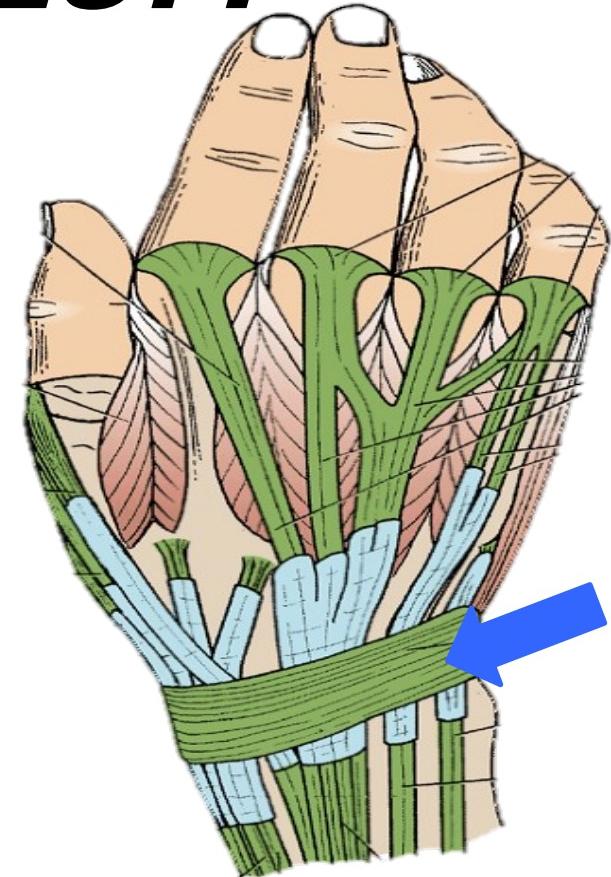
- Attachment →

Medially :

pisiform & triquetral bones.

Laterally :

anterior border to lower end of radius



Clinical anatomy by region (Snell)

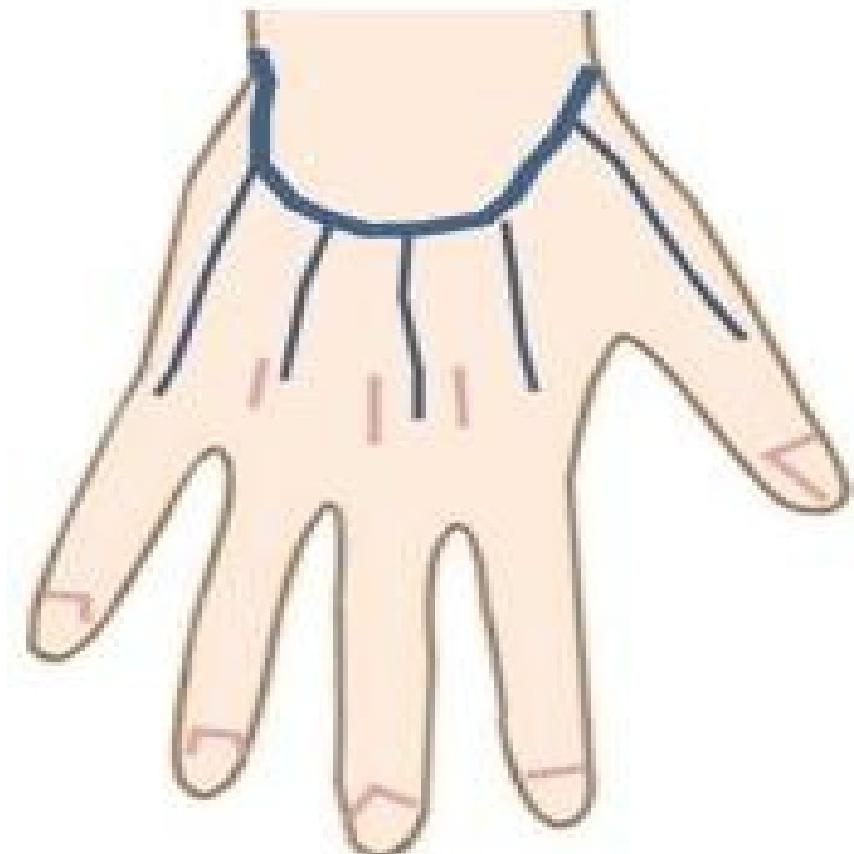


EXTENSOR

RETINACULUM

structures superficial to the retinaculum:

- **1. The superficial terminal branch of the radial nerve.**
Laterally
- **2. Beginning of the cephalic vein.**
- **3. Beginning of the basilic vein.**
Medially
- **4. The dorsal (cutaneous) branch of the ulnar nerve.**

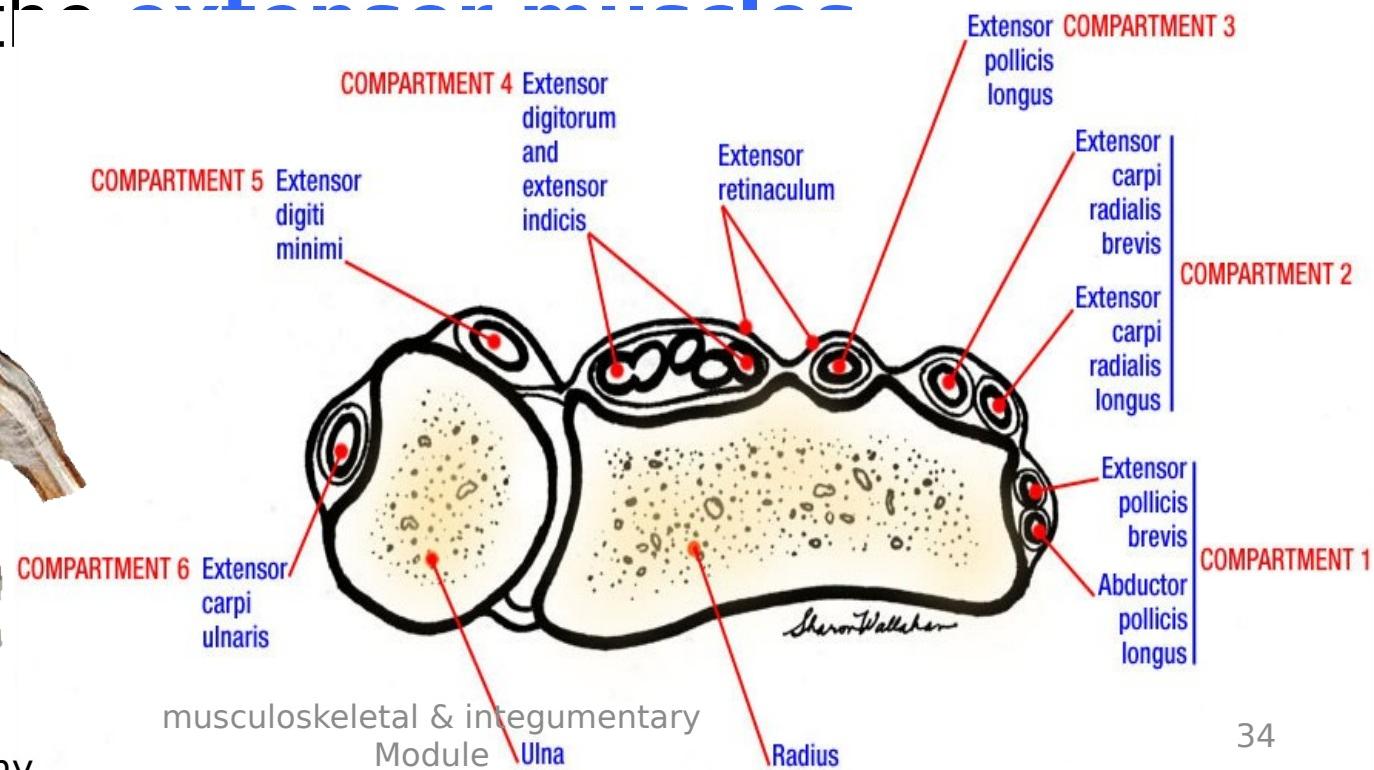




EXTENSOR

structures deep to the retinaculum:

Beneath the extensor retinaculum, fibrous septa pass to the underlying radius and ulna and form **six compartments** that contain the tendons of the extensor muscles.

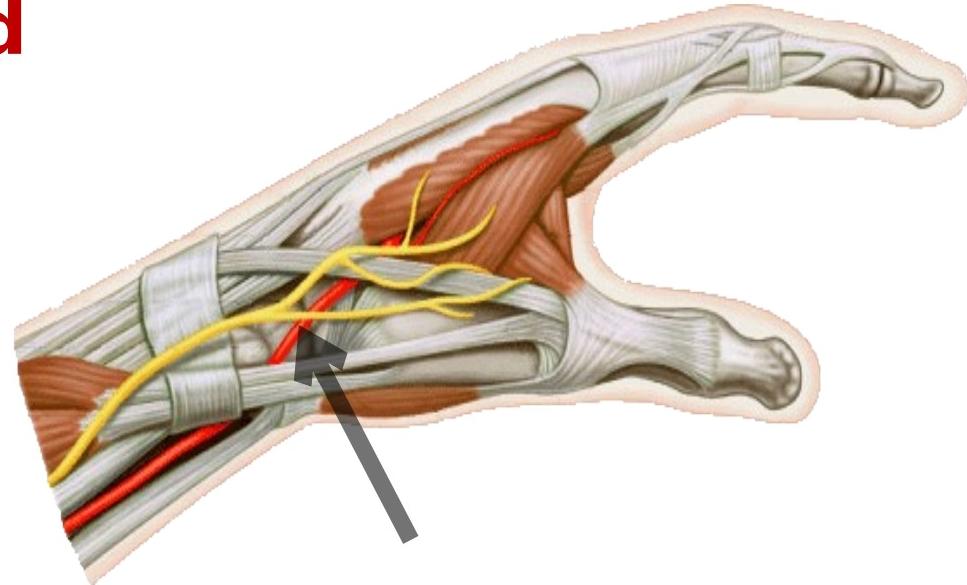
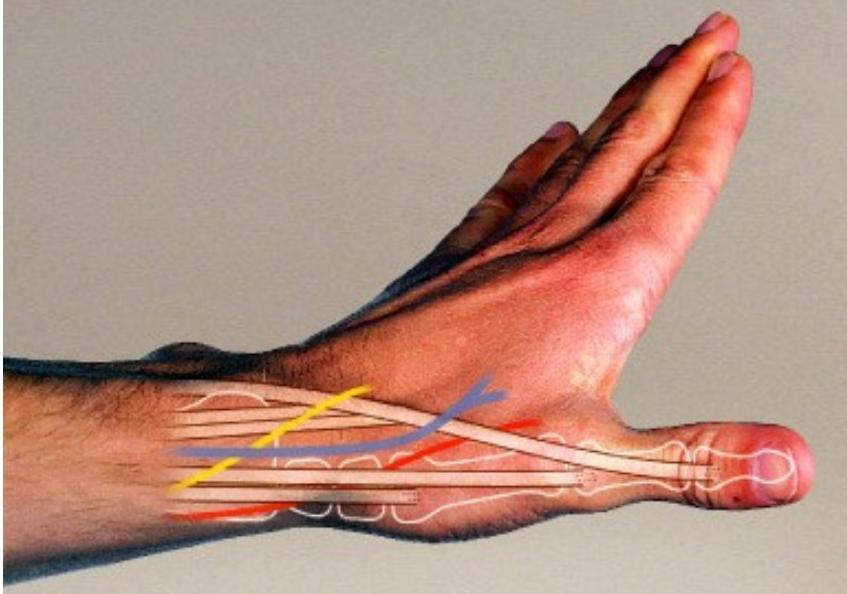


Anatomical “snuff box”



Position: It is a hollow on the lateral part of the wrist.

Can be identified when the thumb is



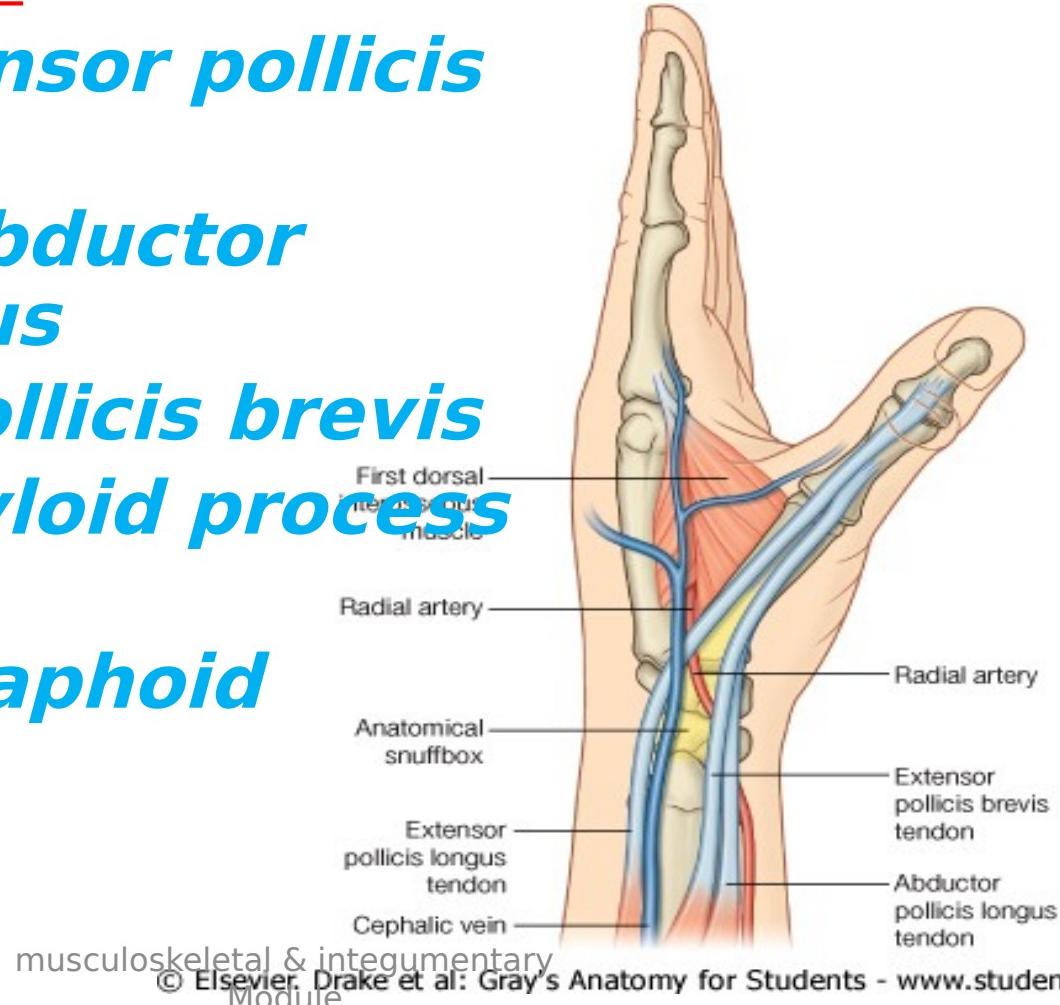
Radial artery crosses the floor of the snuff, so may fell the radial pulse in this fossa



Anatomical “snuff box”

Boundaries of Anatomical “snuff box”

- **Medial:** *extensor pollicis longus*
- **Lateral:** *abductor pollicis longus*
extensor pollicis brevis
- **Proximal:** *styloid process of radius*
- **Floor:** *scaphoid*
trapezium



Lecture Quiz



- Which of the following lies deep to the flexor retinaculum?**
- Palmar branch of the ulnar nerve**
 - Median nerve**
 - Ulnar vessels**
 - Tendon of palmaris longus**
 - Tendon of flexor carpi radialis**

Carpal aponeurosis:

- the degenerated distal part of palmaris longus muscle**
- loosely attached to the skin of the palm**
- lies beneath the long flexor tendons**
- quadangular in shape**
- has no role in formation of the fascial spaces in the palm**

SUGGESTED TEXTBOOKS



Clinical Anatomy by Regions, 9th edition,
2011, Snell RS, Lippincott, Williams and
Wilkins

Atlas of Human Anatomy, 6th edition,
2014, Netter F.H.

Gray's Anatomy for students, 2nd edition,
2011, Drake R. et al, Churchill & Livingstone